ATTACHMENT I

CERTIFICATION REGARDING LOBBYING CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENT

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any state or federal agency, a member of congress, an officer or employee of congress, an employee of a member of congress, or an officer or employee of the state legislator, in connection with the awarding of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature	Date	
Name of Authorized Individual	PA429 Application or Contract Number	

Monroe County Board of Commissioners
Gato Building
1100 Simonton Street
Key West, FL 33040
Name and Address of Organization

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ATTACHMENT II

INSTRUCTIONS
CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, INELIGIBILITY
AND VOLUNTARY EXCLUSION CONTRACTS/SUBCONTRACTS

- 1. Each recipient of federal financial and non-financial assistance that equals or exceeds \$100,000 in federal monies must sign this debarment certification prior to contract execution. Independent auditors who audit federal programs regardless of the dollar amount are required to sign a debarment certification form. Neither the Department of Elder Affairs nor its contract recipients can contract with subrecipients if they are debarred or suspended by the federal government.
- 2. This certification is a material representation of fact upon which reliance is placed when this agreement is entered into. If it is later determined that the signed knowingly rendered an erroneous certification, the Federal Government may pursue available remedies, including suspension and/or debarment.
- 3. The recipient shall provide immediate written notice to the contract manager at the Alliance any time the recipient learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- 4. The terms "debarred," "suspended," "ineligible," "person," "principal," and "voluntarily excluded," as used in this certification, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549 and 45 CFR (Code of Federal Regulations), Part 76. You may contact the contract manager for assistance in obtaining a copy of those regulations.
- 5. The recipient further agrees by submitting this certification that, it shall not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this contract unless authorized by the Federal Government.
- 6. The recipient further agrees by submitting this certification that it will require each subrecipient of agreements referencing this agreement whose payment will equal or exceed \$100,000 in federal monies, to submit a signed copy of this certification with each sub agreement.
- 7. The Department of Elder Affairs may rely upon a certification by a recipient/subrecipient entity that it is not debarred, suspended, ineligible, or voluntarily excluded from contracting/subcontracting unless the Department knows that the certification is erroneous.
- 8. The Alliance may rely upon a certification by a subrecipient entity that it is not debarred, suspended, ineligible, or voluntarily excluded from contracting/subcontracting unless the Alliance knows that the certification is erroneous.
- 9. The signed certifications of all subrecipients shall be kept on file with the Alliance.

DOEA FORM 112A (Revised February 2004)

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION CONTRACTS/SUBCONTRACTS

This certification is required by the regulation implementing Executive Order 12549, Debarment and Suspension, signed February 18, 1986. The guidelines were published in the May 29, 1987 Federal Register (52 Fed. Reg., pages 20360-20369).

- (1) The prospective recipient certifies, by signing this certification, that neither he nor his principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in contracting with the Department of Elder Affairs (or the Alliance for Aging acting as its agent) by any federal department or agency.
- Where the prospective recipient is unable to certify to any of the statements in this certification, such prospective recipient shall attach an explanation to this certification.

Signature
Date
Louis LaTorre, Executive Director Name and Title of Authorized Individual (Print or type)

Monroe County Board of Commissioners

DOEA FORM 112B (Revised April 2001)

Name of Organization

ATTACHMENT III

Audit Attachment

The administration of funds awarded by the Department of Elder Affairs to the Alliance and to any subrecipient, through agreements with the Alliance, may be subject to audits and/or monitoring by the Department and other authorized state personnel or federal personnel as described in this section.

Monitoring

In addition to reviews of audits conducted in accordance with OMB Circular A-133 and section 215.97, F.S., as revised (see "AUDITS" below), monitoring procedures may include, but not be limited to, on-site visits by department staff, limited scope audits as defined by OMB Circular A-133, as revised, and/or other procedures. By entering into this agreement, the recipient agrees to comply and cooperate with any monitoring procedures/processes deemed appropriate by the department. In the event the department determines that a limited scope audit of the recipient is appropriate, the recipient agrees to comply with any additional instructions provided by the Department to the recipient regarding such audit. The recipient further agrees to comply and cooperate with any inspections, reviews, investigations, or audits deemed necessary by the Comptroller, Auditor General or federal personnel.

OTHER REQUIREMENTS

If the recipient is a non-profit organization, the Oath of Not for Profit Status form (EXHIBIT 2 of this attachment) must be completed and returned to the Alliance with the signed contract.

Audits

PART I: FEDERALLY FUNDED

This part is applicable if the recipient or subrecipient is a State or local government or a non-profit organization as defined in OMB Circular A-133, as revised.

- 1. In the event that the recipient expends \$300,000 (\$500,000 for fiscal years ending after December 31, 2003) or more in Federal awards in its fiscal year, the recipient must have a single or program-specific audit conducted in accordance with the provisions of OMB Circular A-133, as revised. Federal funds awarded through the Alliance by this agreement, if any, are indicated in section II. A. of the contract(s) covered by this agreement. In determining the Federal awards expended in its fiscal year, the recipient shall consider all sources of Federal awards, including Federal funds received from or passed through the Alliance. The determination of amounts of Federal awards expended should be in accordance with the guidelines established by OMB Circular A-133, as revised. An audit of the recipient conducted by the Auditor General in accordance with the provisions OMB Circular A-133, as revised, will meet the requirements of this part.
- 2. In connection with the audit requirements addressed in Part I, paragraph 1., the recipient shall fulfill the requirements relative to auditee responsibilities as provided in Subpart C of OMB Circular A-133, as revised.

- 3. If the recipient expends less than \$300,000 (\$500,000 for fiscal years ending after December 31, 2003) in Federal awards in its fiscal year, an audit conducted in accordance with the provisions of OMB Circular A-133, as revised, is not required. In the event that the recipient expends less than \$300,000 (\$500,000 for fiscal years ending after December 31, 2003) in Federal awards in its fiscal year and elects to have an audit conducted in accordance with the provisions of OMB Circular A-133, as revised, the cost of the audit must be paid from non-Federal funds (i.e., the cost of such an audit must be paid from recipient resources obtained from other than Federal entities).
- 4. Information regarding audit requirements contained in OMB Circular A-133 and section 215.97, F.S., can be obtained from the following web-sites:

http://www.whitehouse.gov/omb/circulars/ and: http://www.leg.state.fl.us/

PART II: STATE FUNDED

This part is applicable if the recipient is a non-state entity as defined by section 215.97, F.S.

- 1. In the event that the recipient expends a total amount of State awards (i.e., State financial assistance provided to the recipient to carry out a State project) equal to or in excess of \$300,000 in any fiscal year of such recipient, the recipient must have a State single or project-specific audit for such fiscal year in accordance with section 215.97, F.S.; applicable rules of the Executive Office of the Governor and the Comptroller, and Chapter 10.600, Rules of the Auditor General. State grants and aids amounts awarded through the Alliance by this agreement are indicated in section II. A. of the contract(s) of which this agreement is an attachment. In determining the State awards expended in its fiscal year, the recipient shall consider all sources of State awards, including State funds received from the Department of Elder Affairs through the Alliance for Aging, other state agencies, and other nonstate entities except that State awards received by a non-state entity for Federal program matching requirements shall be excluded from consideration.
- 2. In connection with the audit requirements addressed in Part II, paragraph 2, the recipient shall ensure that the audit complies with the requirements of section 215.97, F.S. This includes submission of a reporting package as defined by section 215.97, F.S., and Chapter 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations) Rules of the Auditor General, to include an auditor's examination attestation report, management assertion report (alternatively, management's assertion may be included in the management representation letter), and a schedule of State financial assistance.

The auditor's examination attestation report must indicate whether management's assertion as to compliance with the following requirements is fairly stated, in all material respects: activities allowed or unallowed; allowable costs/cost principles; matching (if applicable), and; reporting.

3. If the recipient expends less than \$300,000 in State awards in its fiscal year, an audit conducted in accordance with the provisions of section 215.97, F.S., is not required. In the event that the recipient expends less than \$300,000 in State awards in its fiscal year and elects to have an audit conducted in accordance with the provisions of section 215.97, F.S., the cost of the audit must be paid from non-State funds (i.e., the cost of such an audit must be paid from the recipient's resources obtained from other than State entities).

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PART III: REPORT SUBMISSION

- 1. Copies of reporting packages for audits conducted in accordance with OMB Circular A-133, as revised, and required by PART I of this attachment shall be submitted, when required by section .320 (d), OMB Circular A-133, as revised, by or on behalf of the recipient directly to each of the following within 45 days of receipt of the report but no later than nine (9) months of recipient's fiscal year end:
 - A. The Alliance for Aging, Inc., at the following address:

Attn: Carlos L. Martinez, CPA
Chief Financial Officer
9500 South Dadeland Boulevard, Suite 400
Miami, FL 33156

B. The Federal Audit Clearinghouse designated in OMB Circular A-133, as revised (the number of copies required by sections .320 (d) (1) and (2), OMB Circular A-133, as revised, should be submitted to the Federal Audit Clearinghouse), at the following address:

Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jeffersonville, IN 47132

- C. Other Federal agencies and pass-through entities in accordance with sections .320 (e) and (f), OMB Circular A-133, as revised.
- 2. The recipient shall submit a copy of the reporting package described in section .320 (c), OMB Circular A-133, as revised, and any management letters issued by the auditor, to the Alliance at the following address within 45 days of receipt of the report but no later than nine (9) months of recipient's fiscal year end:

Alliance for Aging, Inc.
Attn: Carlos L. Martinez, CPA
Chief Financial Officer
9500 South Dadeland Boulevard, Suite 400
Miami, FL 33156

- 3. Copies of audits and reporting packages required by PART II of this attachment shall be submitted by or on behalf of the recipient directly to each of the following within 45 days of receipt of the report but no later than nine (9) months of recipient's fiscal year end:
 - A. The Alliance for Aging, Inc. at the following address:

Attn: Carlos L. Martinez, CPA
Chief Financial Officer
9500 South Dadeland Boulevard, Suite 400
Miami, FL 33156

B. The Auditor General's Office at the following address:

State of Florida Auditor General Room 574, Claude Pepper Building 111 West Madison Street Tallahassee, Florida 32302-1450

- 4. Any reports, management letters, or other information required to be submitted to the Alliance pursuant to this attachment shall be submitted timely in accordance with OMB Circular A-133, section 215.97 F.S., and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General, as applicable and should indicate the date that the reporting package was delivered to the recipient in correspondence accompanying the package.
- 5. Recipients, when submitting the financial reporting packages to the Alliance, should indicate the date that the audit report was delivered to the recipient in correspondence accompanying the audit report.

PART IV: RECORD RETENTION

The recipient shall retain sufficient records demonstrating its compliance with the terms of this attachment for a minimum period of five (5) years from the date the audit report is issued or longer if requested by the Alliance in writing, and shall allow the Alliance, the Department of Elder Affairs or its authorized designee and the Comptroller or Auditor General access to such records upon request. The recipient shall ensure that audit working papers are made available to the Alliance, the Department of Elder Affairs or its designee, and the Comptroller or Auditor General upon request, for a minimum period of five (5) years from the date the audit report is issued, or may need to be longer if requested in writing by any of these agencies. Alliance.

PART V: SPECIFIC REQUIREMENTS OF DEPARTMENT ADMINISTERED PROGRAMS

- 1. The Department of Elder Affairs requires a supplemental schedule of functional expenses be prepared in a format provided by the department, which presents costs by service (as defined by the department), including units of service delivered, for recipients or subrecipients expending state or federal awards for services performed by their employees, contractors, and other payees who receive payment from department-administered funds for units of service recorded in the department's Client Registration and Tracking System (CIRTS). This supplemental schedule shall be prepared using the same methodology as used in determining the contractual rates, Government entities are excluded from this requirement.
- 2. If an audit is not required or performed, the head of the recipient entity or organization must provide a written attestation, under penalty of perjury, that the recipient has complied with the allowable cost provisions (congruent with the Reference Guide for State Expenditures and OMB Circular A-122 or A-87, whichever is applicable). EXHIBIT 1 to this attachment provides an example attestation document that should be used by the agency head or authorized signatory for contracts to attest to compliance with these provisions.
- 3. Interest earned on federal funds or general revenue funds must be returned to the Alliance. A chart is included in all contracts identifying the funding source(s), program titles, applicable CFDA or CSFA numbers and the amount of funds granted.
- 4. Specific requirements for match, co-payments, and program income applicable to programs administered by the Department are outlined in the following applicability chart. Brief definitions of terms used in the chart are included.

(Revised February 2004)

APPLICABILITY CHART

	Match	Program income	Co-payment
(CCE) Community Care for the Elderly Program	 recipients must match at least 10 percent of the cost for all Community Care for the Elderly services. match may be either by cash, certified public expenditure, or third-party in-kind all CCE funds expended must be properly matched at the end of the contract period CCE core service funds cannot be used as match for AAA administration costs 	 may be deposited in an interest bearing account and used to increase services in the same contract year as earned or carried forward and spent in the next state fiscal year voluntary contributions may be used to meet local match requirements 	must be used to increase services in the same contract year as earned or carried forward and spent in the next state fiscal year to increase services.
(HCE) Home Care for the Elderly Program		may be spent in the same contract year as earned, or carried forward and spent in the next state fiscal year	
(ADI) Alzheimer's Disease Initiative		may be deposited in an interest bearing account and used to increase services in the same contract year as earned or carried forward and spent in the next state fiscal year	the same contract year as earned or carried forward and spent in the next
(LSP) Local Service Programs		may be spent in the same contract year as earned or carried forward and spent in the next state fiscal year	

(OAA) Older Americans Act Program	 OAA funds cannot be used for match for other federal programs. match for AAA's: formula is 85-10-5 (85% Fed., 10% AAA, 5% state). An Area Agency's expenditures may not exceed 75 percent of the cost of administering its area plan. 	 program income must be expended during the contract period in which it is earned and must be used to expand, improve, or sustain the program from which it is generated. voluntary contributions can not be used for cost sharing or match 	complies with Older Americans Act Amendments of 2000, section 315, in regard to consumer contributions
	match may be either by cash, certified public expenditure, or third-party in-kind		
	Sub-recipients match requirement is 10%		

APPLICABILITY CHART DEFINITIONS

AAA. Area Agency on Aging

Program Income. Program income means gross income earned by a recipient from activities which are supported by a grant; i.e., when at least some of the cost of the activity is a direct cost of the grant or indirect cost which helps match requirements of the grant. Program income includes contributions for meals or other supportive services, proceeds from the sale of tangible personal property purchased for the program, fees for the usage or rental of such property, and patent or copyright royalties for materials developed through the program. Revenue generated from a particular activity of the recipient/sub-recipient for which Department funds were used to cover at least half the cost is considered program income. Note: Money donated (cash donation) without earmark to the project by the donor should not be declared in an audit to be "program income"

Cash Donations. Cash donations are money donated without earmark to the project by the donor. These donations, when used as match, cannot be earmarked for any specific expenditure but are to be budgeted normally. Cash donations are not program income.

Match. When general revenue funded contracts require match, it may be either by cash, certified public expenditure, or third-party in-kind. The non-federal share used to match OAA funds may be cash, certified public expenditure, or third-party in-kind.

Co-payments. Fees assessed and collected according to a sliding scale based on the consumer's income for CCE and ADI services.

In-kind Resources. In-kind resources must be identified in project records, necessary to project's achievement, reasonable and in proportion to time used for project, claimed after use in the project and, not included as contributions for other programs unless specifically allowed.

In-kind contributions represent a value placed on noncash contributions provided to the recipient of a contract. In-kind contributions may consist of actual charges for real property and equipment, and the value of goods and services that directly benefit and are identified with project activities. This may include staff time contributed by state and local agencies not otherwise matched or supported by federal funds.

MANAGEMENT ATTESTATION LETTER (To be completed at the end of recipient's fiscal year)

Con	tract or Agreement Number:
I,	, hereby attest under penalty of perjury
	(recipient's authorized representative), hereby attest under penalty of perjury
that	, based on the criteria,
	(recipient agency name)
set i	forth in the Audit Attachment, PARTS I and II, that:
	above named recipient agency is not required to provide an audit report or reporting package because applicable statement(s)]:
[]	the above-named entity has not expended \$300,000 (\$500,000 for fiscal years ending after December 31, 2003) or more in total federal awards in its fiscal year and therefore is not required to have a single or program-specific audit performed in accordance in OMB Circular A-133, as revised, and/or;
	the above-named entity has not expended a total amount equal to or in excess of \$300,000 in state awards in its fiscal year and therefore is not required to have a State single or program-specific audit in accordance with section 215.97, Florida Statutes.
generally	recipient has complied with the allowable cost provisions [congruent with State and Federal law, y accepted accounting principles, the Department of Financial Services' Reference Guide for State tures, and Office of Management and Budget (OMB) Circular A-122, A-110, or A-87, whichever is le].
	ing this statement the recipient has considered not only funding or awards from the Alliance, but all of Federal and State funding or awards.
Fiscal ye	ar ended (Month, day, year)
(Signatur	
(Title)	
(Date)	

ATTACHMENT III Exhibit - 2

Oath of Not for Profit Status

Contract or Agreement Number: PA-429

As an authorized representative for the Recipient identified herein, and in the above referenced document(s), I do

hereby swear under oath that this entity is currently a "not for profit" (non-profit) organization as defined in

section 501(c)(3) of the Internal Revenue Code. If this non-profit status changes for any reason during the life of

the above referenced contract or agreement, the Alliance for Aging will be notified in writing immediately.

Monroe County Board of Commissioners

Name of Recipient entity

Signature of Authorized Representative

Louis LaTorre

Printed name and Title of Authorized Representative

Date of Oath

(Revised February 2004)

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ATTACHMENT IV

CERTIFICATION REGARDING DATA INTEGRITY COMPLIANCE FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS

The undersigned, an authorized representative of the recipient named in the contract or agreement to which this form is an attachment, hereby certifies that:

- (1) The recipient and any sub-recipients of services under this contract have financial management systems capable of providing certain information, including: (1) accurate, current, and complete disclosure of the financial results of each grant-funded project or program in accordance with the prescribed reporting requirements; (2) the source and application of funds for all contract supported activities; and (3) the comparison of outlays with budgeted amounts for each award. The inability to process information in accordance with these requirements could result in a return of grant funds that have not been accounted for properly.
- (2) Management Information Systems used by the recipient, sub-recipient(s), or any outside entity on which the recipient is dependent for data that is to be reported, transmitted or calculated, have been assessed and verified to be capable of processing data accurately, including year-date dependent data. For those systems identified to be non-compliant, recipient(s) will take immediate action to assure data integrity.
- (3) If this contract includes the provision of hardware, software, firmware, microcode or imbedded chip technology, the undersigned warrants that these products are capable of processing year-date dependent data accurately. All versions of these products offered by the recipient (represented by the undersigned) and purchased by the State will be verified for accuracy and integrity of data prior to transfer.
 - In the event of any decrease in functionality related to time and date related codes and internal subroutines that impede the hardware or software programs from operating properly, the recipient agrees to immediately make required corrections to restore hardware and software programs to the same level of functionality as warranted herein, at no charge to the State, and without interruption to the ongoing business of the state, time being of the essence.
- (4) The recipient and any sub-recipient(s) of services under this contract warrant their policies and procedures include a disaster plan to provide for service delivery to continue in case of an emergency including emergencies arising from data integrity compliance issues.

The recipient shall require that the language of this certification be included in all subcontracts, subgrants, and other agreements and that all sub-contractors shall certify compliance accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by OMB Circulars A-102 and A-110.

Gato Building,			
1100 Simonton Street, Key West, FI	<u>. 33040</u>		
Name and Address of Recipient			
Signature	Title	Date	
Signature Name of Authorized Signer	Title	Date	

and Camer David & Commissioners

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MINIMUM GUIDELINES FOR RECIPIENT GRIEVANCE PROCEDURES APPLICABLE TO ALL ADVERSE ACTIONS DEEMED TERMINATIONS, SUSPENSIONS, OR REDUCTIONS IN SERVICE

Medicaid Waiver clients have the right to request a fair hearing from the Department of Children and Families (DCAF) Office of Appeal Hearings in addition to or as an alternative to these procedures.

NOTICE TO THE RECIPIENT OF THE ADVERSE ACTON TO BE TAKEN AND EXPLANATION OF THE GRIEVANCE PROCEDURES FOR REVIEWING THAT DECISION

- The recipient must be informed by the decision maker of the action, in writing, no less than 10 calendar* days prior to the date the adverse action will be taken.

 (Prior notice is not applicable where the health or safety of the individual is endangered if action is not taken immediately; however, notice must be made as soon thereafter as practicable.)
- Services cannot be reduced or terminated, nor any adverse action taken during the 10 day period.
- The Notice must contain: a statement of what action is intended to be taken; the reasons for the intended action; an explanation of:
 - 1) the individual's right to a grievance review if requested in writing and delivered within 10 calendar* days of the Notice postmark (assistance in writing, submitting and delivering the request must be offered and available to the individual);
 - 2) in Medicaid Waiver actions, the individual's right to request a fair hearing from DCAF;
 - 3) the individual's right, after a grievance review, for further appeal;
 - 4) the right to seek redress through the courts if applicable;
 a statement that current benefits will continue if a grievance review is requested, and will continue until a
 final decision is made regarding the adverse action; and a statement that the individual may represent
 himself/herself or use legal counsel, a relative, a friend, or other qualified representative in the requested
 review proceedings.
- All records of the above activities must be preserved in the client's file.

GRIEVANCE REVIEW PROCEDURE UPON TIMELY RECEIPT OF A WRITTEN REQUEST FOR REVIEW

- Within 7 calendar* days of the receipt of a request for review, the provider must acknowledge receipt of the request by a written statement delivered to the requester. This statement must also provide notice of: the time and place scheduled for the review;
 - the designation of one or more impartial reviewers who have not been involved in the decision at issue; the opportunity to examine, at a reasonable time before the review, the individual's own case record, and to a copy of such case record at no cost to the individual;
 - the opportunity to informally present argument, evidence, or witnesses without undue interference at a reasonable time before or during the review;
 - a contact person for any accommodations required under the Americans with Disabilities Act; and assistance, if needed, in order to attend the review; and the stopping of the intended action until all appeals are exhausted.
- All grievance reviews must be conducted at a reasonable time, date and place by one or more impartial reviewers who have not been directly involved in the initial determination of the action in question.

• The reviewer(s) must provide written notification to the requester, within 7 calendar* days after the grievance review, stating:

the decision, the reasons therefore in detail;

the effect the decision has on current benefits, if favorable, or the circumstances regarding continuation of

current benefits until all appeals are exhausted;

the individual's right to appeal an adverse decision to the Alliance for Aging by written request within 7 calendar* days, except in decisions involving the professional judgement of a legal assistance provider; the availability of assistance in writing, submitting and delivering the appeal to the appropriate agency; the opportunity to be represented by himself/herself or by legal counsel, a relative, a friend or other qualified representative;

for legal assistance service appeals, the individual's right to file a grievance with the Florida Bar regarding

complaints related to the actual legal representation provided.

PROCEDURE FOR APPEALS OF A GRIEVANCE REVIEW DECISION UPON TIMELY RECEIPT OF A WRITTEN APPEAL TO THE ALLIANCE FOR AGING - AREA AGENCY ON AGING

• Within 7 calendar* days of the receipt of a notice of appeal of a grievance review decision, the AAA must acknowledge receipt of the notice of appeal by a written statement delivered to the appellant. This statement must also provide notice of:

the time and place scheduled for the appeal;

the designation of one or more impartial AAA officials who have not been involved in the decision at issue; the opportunity to examine at a reasonable time before the appeal the individual's own case record to date, and to a copy of such case record at no cost to the individual;

the opportunity to informally present argument, evidence, or witnesses without undue interference during the

appeal;

assistance, if needed, in order to attend the appeal;

and the stopping of the intended action until all appeals are exhausted.

- All appeals of grievance reviews must be conducted at a reasonable time, date and place by one or more
 impartial AAA officials who have not been directly involved in the initial determination of the action in
 question.
- The designated AAA official(s) must provide written notification to the requester within 7 calendar* days after considering the grievance review appeal, stating: the decision, and the reasons therefore in detail; the effect the decision has on current benefits, if favorable, or the circumstances regarding continuation of current benefits until all appeals are exhausted; the individual's right to appeal, if applicable.
- Except for Medicaid Waiver actions, the decision of the AAA shall be the final decision; and the availability of assistance in requesting a fair hearing, including a notice regarding accommodations as required by the ADA.
- All records of the above activities must be preserved and remain confidential. A copy of the final decision must be placed in the client's file.
- * In computing any period of time prescribed or allowed by these guidelines, the last day of the period so computed shall be included unless it is a Saturday, Sunday, or legal holiday, in which event the period shall run until the end of the next day which is neither a Saturday, Sunday, or legal holiday.

INTERMEDIATE MEASURES

INDICATORS Section 430.04 (2), F.S.	MEASUREMENT	INTERMEDIATE MEASURES Section 430.04 (2), F.S.
Lacks financial stability sufficient to meet contractual obligations or that contractual funds have been misappropriated	Failure within the same fiscal year in which due to pay short-term loans Failure to transfer at the appropriate time, due to lack of funds	 Temporary assumption of operations and functions related to the problem area within the agency Placement on probationary status for a specified period sufficient to address identified problems Impose a time limited moratorium on agency Reduce any advances for the following year to 30 days and examine surpluses for redistribution.
An intentional or negligent act of the agency has materially affected the health, welfare, or safety of clients, or substantially and negatively affected the operation of an aging services program	 Intentional or Repeated violations of the requirement to serve APS clients within 72 hours Any other verifiable report of such actions 	 Impose a time limited moratorium on agency Temporary assumption of operations and functions related to the problem area within the agency
Committed multiple or repeated violations of legal and regulatory requirements or Department standards	 Achievement levels from monitoring reviews Any other verifiable report of such actions 	 Unannounced special monitoring Reduction in advances for following year and review of surpluses for redistribution Appropriate Corrective action

INTERMEDIATE MEASURES

INDICATORS Section 430.04 (2), F.S.	MEASUREMENT	INTERMEDIATE MEASURES Section 430.04 (2), F.S.
Failed to adhere to terms of its contract with the Department as passed through the Alliance	Achiev ement levels from monitoring reviews Adherence to Service Application Any other verifiable report of such action	 Placement on probationary status for a specified period to address identified problems Financial penalties Re-allotment of surplus funds to other planning and service areas Appropriate Corrective action
Failed to implement and maintain Department approved client grievance resolution procedure	Achiev ement levels from monitoring reviews Any other verifiable report of such action	Appropriate Corrective action
Failed to continue the provision or expansion of services after the declaration of a state of emergency	Achiev ement levels from monitoring reviews Any other verifiable report of such action	Temporary assumption of agency operations and functions to implement emergency service plan

Health Insurance Portability and Accountability Act (HIPAA) of 1996

The Alliance and the recipient will comply with all requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The Alliance and the recipient recognize that each is a "Business Associate" of the other under the terms of HIPAA. As such and in so far as these apply, each agrees to the following:

- (a) That neither party will use or disclose protected health information for any purpose other than as authorized by law, by this contract, or by separate agreement between the parties.
- (b) That each party will not use or disclose protected health information in a manner which would be a prohibited use or disclosure if made by the other.
- (c) That each party will maintain safeguards as necessary to ensure that the protected health information is not used or disclosed except as provided by law, by this contract, or by separate agreement between the parties.
- (d) That each party will report to the other any use or disclosure of the protected health information of which it becomes aware that is not provided for by law, by this contract, or by separate agreement between the parties.
- (e) That each party will ensure that any of its subcontractors or agents to whom it provides protected health information received from the other agree to the same restrictions and conditions that apply to each other with respect to such information.
- (f) That each party will follow an agreed upon process established to provide access to protected health information to the subject of that information when the other has made any material alteration to the information. This process will include how each party would determine in advance how the other would know or could readily ascertain when a particular individual's protected health information has been materially altered by the other and how it could provide access to such information. This process will establish how each party would provide access to protected health information to the subject of the information in circumstances where the information is being held by the other.
- (g) That each party will provide health information to the subject of the information in accordance with the subject's right to access, inspect, copy, and amend their health information.
- (h) That each party will make available to the other its internal practices, books and records relating to the use, disclosure, and tracking of disclosure of protected health information received from the other or its agents for the purposes of enforcing compliance with HIPAA.
- (i) That each party will assist the other in meeting its obligation to provide, at an individual's request, an accounting of all uses and disclosures of personal health information which are not related to treatment, payment, or operations within 60 days of the request of an accounting.
- (j) That each party will incorporate any amendments or corrections to protected health information when notified by the other that the information is inaccurate or incomplete.
- (k) That at the termination of this contract, unless a new contract is agreed upon, each party will return or destroy all protected health information received from the other that it still maintains in any form.
- (1) That either party may terminate this contract if it learns that the other has repeatedly violated a term of this contract provision.

- (m) That each party will disclose only the minimum amount of information necessary to accomplish the permitted use of the protected health information. This minimum use requirement does not apply to information provided for treatment or to disclosures required by law.
- (n) That each party will limit the use and disclosure of protected health information to the minimum number of employees necessary by class of employee and type of information to accomplish the permitted use of the information.
- (o) That each party will meet at least the minimum security requirements for the protection of protected health information as required by HIPAA.
- (p) That each party is bound by the terms of the "Notice of Practices" of the other with regard to protected health information it receives from the other.